

# STATE OF LOUISIANA

## CERTIFICATION OF VITAL RECORD

### CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2020-043-00992

7912476

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH
	HOLLINGSWORTH, CHRISTOPHER CLAY		04/24/1974	09/22/2020	03:50 AM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY)		SEX	SOCIAL SECURITY NUMBER	AGE
	MONROE, LA UNITED STATES		MALE	435-57-9875	46 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
<b>PERSONAL</b>	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)			WITHIN CITY LIMITS?	PARISH/COUNTY
	201 ROY SULLIVAN RD., WEST MONROE, LA 71291 UNITED STATES			NO	OUACHITA
	EVER IN U.S. ARMED FORCES?		OCCUPATION	INDUSTRY OF OCCUPATION	
	YES		STATE TROOPER	LAW ENFORCEMENT	
	MARITAL STATUS		NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX)		
	MARRIED		BENNETT, DARBY		
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
	HOLLINGSWORTH, CLAY DOUGLAS		UNKNOWN, UNKNOWN NOT CLASSIFIABLE		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
	GOLDSBERRY, CONCHITA MARIA		STARK CITY, MO UNITED STATES		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		RELATIONSHIP TO DECEDENT	INFORMANT'S ADDRESS	
	HOLLINGSWORTH, DARBY		WIFE	201 ROY SULLIVAN RD., WEST MONROE, LA 71291 UNITED STATES	
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE				
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
<b>DEATH INFO</b>	PLACE OF DEATH		FACILITY NAME		
	INPATIENT		OCHSNER LSU HEALTH SHREVEPORT		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
1541 KINGS HWY., SHREVEPORT, LA 71103 UNITED STATES		CADD0			
<b>DISPOSITION</b>	METHOD OF DISPOSITION		PLACE OF DISPOSITION		
	BURIAL		NEW CHAPEL HILL BAPTIST CHURCH CEMETERY		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)		DATE OF DISPOSITION		
WEST MONROE, LA UNITED STATES		09/25/2020			
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME		ADDRESS OF FUNERAL FACILITY		
	MULHEARN FUNERAL HOME, INC. - WEST MONROE		300 MCMILLAN RD., WEST MONROE, LA 71291 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX)		LICENSE NUMBER	CORONER NOTIFIED?	
	MULHEARN, PETER G		E2140	Y	
	SIGNATURE OF FUNERAL DIRECTOR		DATE		
"e-sign"		10/28/2020			
<b>MEDICAL INFO</b>	MANNER OF DEATH		ACCIDENT		
	IF FEMALE?		NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		NO		
<b>CAUSE OF DEATH</b>	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)				a. MULTIPLE BLUNT FORCE INJURIES
	Sequentially list conditions, if any, leading to the cause listed on line a.				b.
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				c.
					d.
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED?				FINDINGS USED IN DETERMINING CAUSE?
	YES				YES
	PLACE OF INJURY				DATE OF INJURY
	HIGHWAY				09/21/2020
<b>INJURY INFORMATION</b>	TIME OF INJURY		INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:	
	02:40 AM		N	DRIVER	
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
	I-20 EAST AT EXIT 118AB, MONROE, LA 71201 UNITED STATES		OUACHITA		
DESCRIBE HOW INJURY OCCURRED					
MULTIPLE BLUNT FORCE INJURIES					
<b>CERTIFIER</b>	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER:		"e-sign"	DATE	10/25/2020
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)		O'NEAL, TERI B		
	CERTIFIER TITLE: CORONER				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		103 MCMILLAN RD., WEST MONROE, LA 71291 UNITED STATES		
	BURIAL TRANSIT PERMIT		PARISH OF ISSUE	DATE OF ISSUE	DATE FILED WITH REGISTRAR
384729		ORLEANS	09/24/2020	10/28/2020	
<b>REGISTRAR</b>	SIGNATURE OF REGISTRAR		DEVIN GEORGE "e-sign"		
	ISSUED BY: Thompson, Kimberly R.				

Issued On: 10/28/2020 2:51:18 PM



007912476

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.  
DO NOT ACCEPT

**DEVIN GEORGE**  
 STATE REGISTRAR